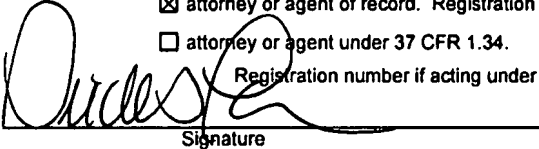


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 1858-4826US
Application Number 09/832,141		Filed April 9, 2001
For SCENTED BOWLING BALLS AND METHODS		
Art Unit 3711	Examiner W. Pierce	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
		Fee
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	Small Entity Fee
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$60
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$225
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$510
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$795
		\$1080
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1469</u> . I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>38,581</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____		
 Signature		May 15, 2007 Date
Brick G. Power Typed or printed name		801-532-1922 Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. <input type="checkbox"/> Total of _____ forms are submitted.		
CERTIFICATE OF MAILING Express Mail Label Number: EV962538633US Date of Deposit: May 15, 2007 Person Making Deposit: Cat Bratton		

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 5 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.
If you need assistance in completing the form, call 1-800-PTO-9191 and select option 2.

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05/21/2007 CKHLOK 0008030600
00000053 09832141
-60.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>6-22-07</u>		2 Serial/Patent # <u>09/832141</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time		5-507	\$ 60							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		7 TOTAL AMOUNT OF REFUND		\$ 60.00 60							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
	Overpayment	Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>2</td><td>0</td><td>--</td><td>1</td><td>4</td><td>6</td><td>9</td></tr></table>			2	0	--	1	4	6	9
2	0	--	1	4	6	9					
	No Fee Due (Explanation):										
<div style="font-family: cursive; font-size: 1.2em;">Extension not necessary.</div>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: Karen Creasy		TITLE: Petitions Examiner									
SIGNATURE:		PHONE: 2-3208									
OFFICE: Petitions											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED:		DATE: 6/21/07									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: